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NJ Communi-CABLE

APRIL, 2006

New Law Raises Awareness of Polio Survivors

For years poliomyelitis (polio) was one of the most feared diseases in the U.S., responsible for physical impairment, paralysis and death. In 1952 according to the Centers for Disease Control and Prevention, it reached its peak in the U.S. with more than 21,000 paralytic cases (1). The introduction of safe vaccines in the U.S. and other countries greatly reduced the spread of this viral disease. Due to the efforts of many dedicated people, polio eradication has enabled most Americans to live their lives free of the chronic disabilities that polio victims experience.

Unfortunately for many who experienced polio, unexpected and often disabling post-polio symptoms are a fact of everyday life. These often debilitating symptoms include overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to cold and pain, and difficulty swallowing and breathing.

There are approximately 2 million North American and 12- 20 million polio survivors worldwide (2). The March of Dimes estimates there are approximately 250,000 survivors of polio in the

United States that may have post-polio syndrome (sequelae) or PPS. (3) According to the Post-Polio Institute in Englewood New Jersey, PPS occurs 10 - 40 years after the initial polio attack in 75% of paralytic and 40% of non-paralytic polio survivors. Although many in the healthcare arena are unfamiliar with PPS, articles in many medical journals, including the Journal of the American Medical Association, the American Journal of Physical Medicine and Rehabilitation and the New England Journal of Medicine, have characterized and described PPS.

The occurrence of new muscle weakness and atrophy many years after acute poliomyelitis was first reported in medical literature in 1875, according to Post-Polio Health International. Since the late 1970s polio survivors have reported they were tiring more easily, and were in need of physicians who were knowledgeable about poliomyelitis and all of its complications. The sheer weight of numbers of polio survivors from the epidemics of the 1940s and 1950s compelled medical professionals to begin to address the problem. PPS diagnosis is based on the

following general criteria: prior episode of paralytic polio; periods of functional stability; gradual or abrupt new weakness usually accompanied by the health problems listed above; and exclusion of other medical, orthopedic and neurological conditions that may cause the same symptoms.

Nerve cells damaged by the poliovirus during the acute stage of polio often leave the accompanying muscles orphaned (separated from their nerve supply) and paralyzed. During recovery, the surviving nerve cells "sprout" and reconnect to the orphaned muscles. This nerve and muscle combination (motor unit) dysfunction is the most widely accepted explanation for diagnosed PPS patients. The current treatment must be tailored to each individual, with the emphasis on the management of symptoms. The specific causes of the symptoms need to be identified and treated and/or eliminated. Many times the cause of symptoms is overuse of muscles; however, disuse can also result in muscle weakness.

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HEALTH AWARENESS MONTHS

April:

- **National Minority Health & Health Disparities Month**
- **Sexually Transmitted Disease Awareness Month**

May:

- **Hepatitis Awareness Month**

Pandemic Influenza: The Question is not IF, but WHEN

The New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS) staff continues working to prepare ourselves, our public health care partners and the general public for a flu pandemic.

- **Business Continuity** - Discussions are underway to develop a continuity plan to ensure that CDS will be able to continue critical routine public health functions while dealing with an influenza pandemic. We are also working with the Business Executives for National Security and the State Government Continuity Operations Group.
- **Presentations** - Presentations have been made to organizations such as the American Red Cross, the Association for Professionals in Infection Control, the NJ Hospital Association, the NJ Health Officers Association,

the NJ Department of Corrections, and Rutgers University.

- **Public Awareness** - A public awareness slide presentation “*Influenza: Facing New Global Challenges*” was developed in cooperation with the NJDHSS Office of Communications. LINCIS Health Educator/Risk Communicators received training in its use as well as reference materials.
- **Local Public Health Agency Planning** - A small group of NJDHSS, LINCIS and local health department staff is working on developing a planning template for use by LINCIS agencies and local health departments. It will include links to resources to help with planning.
- **Regional Planning** — NJDHSS participates in the Metro-Prep and Mid-Atlantic groups comprised of state and city

representatives from the New York and Philadelphia Metropolitan areas. We are making sure that our plans and messages are in sync and that we coordinate with one another.

- **Leadership and Education** - NJDHSS is preparing for a statewide pandemic influenza summit.
- **Exercises** - NJDHSS is creating a table-top exercise to test plans and identify areas for improvement.
- **Funding** - NJDHSS is applying for funding from the Centers for Disease Control and Prevention to enhance our preparation efforts.
- **Planning** - The pandemic influenza plan is always being revised.
- **Resources** -
NJDHSS: www.nj.gov/flu
CDC: www.cdc.gov/flu/pandemic
HHS: www.pandemicflu.gov

Pertussis Test Kits Now Available

Two types of diagnostic tests recommended by the Centers for Disease Control and Prevention (CDC) for confirming suspected pertussis are now available, free of charge, through the New Jersey Department of Health and Senior Services (NJDHSS) Public

Health and Environmental Laboratories (PHEL). To obtain a test kit, contact your representative LINCIS epidemiologist, or if a supply problem exists, contact the NJDHSS, Vaccine Preventable Disease Program at (609) 588-7512.

Additional Resources:

Pertussis (Whooping Cough) Control Guidelines and Pertussis Case Investigation Form (IMM-24) are available online at:

www.state.nj.us/health/cd/vpdphome.htm

New Law Raises Awareness of Polio Survivors

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Once diagnosed, PPS needs to be addressed to minimize the continuing consequences of polio. There are currently no effective pharmaceutical or specific treatments for the syndrome itself. Limited research has been conducted on treatments to address muscle fatigue. Controlled studies have not identified medications that provide consistent and significant benefits. Survivors cite that making lifestyle changes that conserve energy, employing household help, buying special equipment, modifying the home, and using aspirin and other non-steroidal anti-inflammatory drugs to ease muscle and joint pain, if necessary, have been the life changes that are most beneficial.

Recent legislation, P.L. 2005, Chapter 98, approved June 15, 2005, now requires the New

Jersey Department of Health and Senior Services (NJDHSS) to establish a public awareness campaign to inform the general public about PPS, and provide educational materials. These materials will be made available to local boards of health, physicians, hospitals, and clinics for consumer distribution. The NJDHSS Communicable Disease Service and Family Health Services are working in conjunction with the Post-Polio Institute of Englewood Hospital, and the Polio Network of New Jersey and its affiliated agencies to develop educational materials.

Additional Resources:

A Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors

Post-Polio Health International (PHI) (St. Louis, MO: Gazette International Networking Institute) <http://www.post-polio.org/order-hndbk-fax.html>

Polio Network of New Jersey's Newsletter,

P.O. Box 537, Martinsville, N.J. 08836

(201) 845-6860 website

www.nj.polio.org

Post-Polio Institute

Englewood, N.J.

Dr. Richard Bruno, Director

(201) 894-3724

www.postpolioinfo.com/postpolio

References:

1. Mayo Clinic <http://www.mayoclinic.com/health/post-polio-syndrome/DS00494/DSECTION=2>, May, 2005
2. Post Polio Health www.post-polio.org/ipn/aboutlep.html, August, 2005
3. March of Dimes http://www.marchofdimes.com/professionals/681_1284.aspx, March, 2006

Save The Dates!!!

Human Papilloma Virus Conference

May 24, 2006

Infectious Disease Summit

North Jersey—June 13, 2006

South Jersey—June 14, 2006

CDS Welcomes the Office of Animal Welfare



As part of efficiency measures in the New Jersey Department of Health and Senior Services (NJDHSS), the Office of Animal Welfare (OAW) has been placed under the supervision of Mr. Joseph Aiello, Program Manager of the Infectious and Zoonotic Disease Program (IZDP), Communicable Disease Service in the Public Health Services Branch of the Department. OAW will be merged into the Zoonotic Disease Unit of IZDP, under the direction of Faye E. Sorhage, VMD, State Public Health Veterinarian. The staff of OAW will work with Dr. Sorhage and her staff to continue to provide

oversight and assistance to local health departments and animal control officers in carrying out their duties and responsibilities.

The OAW is dedicated to promoting and protecting the health, safety and welfare of companion animals in the state of New Jersey. The OAW works to promote responsible pet care and to ensure that pets do not suffer due to abuse, neglect or lack of proper care.

The OAW animal facility inspectors are Gwyn Sondike, Renee Cirillo and Heather Bialy.

All calls for the OAW should now be directed to the IZDP at 609-588-3121 or 609-588-7500.

NJDHSS appreciates the efforts of Ms. Cheryl Macaroni who helped to establish and then direct the Office of Animal Welfare over the past two years. Her efforts have enhanced the health and welfare of animals throughout the state. Ms. Macaroni has returned to her position in the Department of Law and Public Safety.



Visit us
on the

<http://nj.gov/health/animalwelfare/index.shtml>

April is STD Awareness Month



April is STD/STI (sexually transmitted disease/infection) Awareness Month, a month dedicated to increasing awareness about STDs including transmission, prevention, and treatment. STDs are among the most common, yet preventable, health problems in New Jersey and the U.S. with an estimated 19 million new STD infections occurring each

year in the U.S. Although more than 50% of all people will have an STD at some point in their lives, less than half of adults ages 44 and younger have ever been tested for an STD other than HIV.

Often social stigma deters frank discussions about sexual health and STDs between healthcare providers and patients, social

service providers and clients, and among the general public. Especially during this month, it is important for public health professionals to encourage open discussions among New Jersey residents about STD transmission and prevention, and encourage regular screenings as part of general healthcare.

Norovirus Infection: Key Facts!

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Current New Jersey Department of Health and Senior Services Communicable Disease Service data for November 2005 through March 14, 2006, reflect expected seasonal healthcare facility (acute and LTC) norovirus (Norwalk-like) illness outbreak trends. In comparison with data from the past five years (table), in 2001-2002 NJ experienced a surge in norovirus-like illness activity and the following information is provided to reinforce the importance of implementing control measures to prevent such outbreaks. Norwalk-like illness causes a gastrointestinal illness characterized by nausea, vomiting, abdominal cramps and diarrhea. It is highly contagious and therefore frequently results in outbreaks involving a variety of settings, such as healthcare facilities, correctional facilities and schools.

NJ's largest 2006 norovirus outbreak to date occurred in Washington Township High School (Gloucester County) with over 600 ill.

- Norovirus is recognized as a leading cause of non-bacterial food- and waterborne gastroenteritis in the United States.
- Norovirus outbreaks initially begin with an exposure to a fecally contaminated vehicle (food or water) and then spread through person-to-person contact.
- Though any food item can potentially become

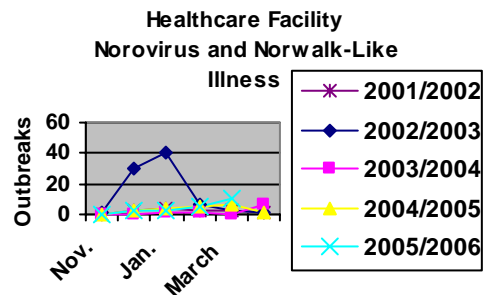
contaminated, undercooked shellfish and ready-to-eat foods have been implicated more often.

- The virus is passed in the stool and vomitus of infected persons. Because of the low infectious dose, exposure to even limited viral particles can result in illness and substantial outbreaks.
- The incubation period is usually 24 – 48 hours; the duration of illness is usually 12 – 60 hours. Though dehydration can occur in the young and elderly, there is no evidence of serious or long-term health effects.
- Norovirus can survive relatively high levels of chlorine and varying temperatures. Viral antigens have been detected in the stool and on contaminated environmental surfaces up to two weeks after illness.

To prevent norovirus infection:

- **WASH YOUR HANDS** (and children's hands)! Wash hands with soap and warm water frequently, especially after toilet visits and changing diapers, and before preparing or eating food. Rub all surfaces of lathered hands for at least 20 seconds, and rinse thoroughly.
- Cook all shellfish thoroughly before eating.
- Carefully wash raw fruits and vegetables and steam oysters before eating them.

- Flush or discard any vomitus and/or stool in the toilet and make sure that the surrounding area is kept clean.
- Soiled surfaces should be cleaned with an appropriate germicidal product (e.g., a 1:50 dilution of household bleach, or ½ cup of bleach to a gallon of water) according to the manufacturer's instructions. Disinfect the area well beyond the immediate area of contamination. Soiled carpeting and furniture with cloth coverings should be steam cleaned.
- Immediately remove and wash clothing or linens that may be contaminated with the virus after an episode of illness (use hot water and soap).



**Any suspect outbreak should
be reported immediately
(24/7/365) to your local
health department**

NJ Department of Health and Senior Services
PO Box 369
Trenton, NJ 08625-0369
609-588-7500

The NJDHSS Communicable Disease Service
Includes:

Infectious and Zoonotic Disease Program (IZDP)
Vaccine Preventable Disease Program (VPDP)
Sexually Transmitted Disease Program (STDP)
Tuberculosis Control Program (TBCP)



Past issues of the NJ Communi-CABLE are
available online at
<http://www.nj.gov/health/cd/newsletter.htm>.

Communicable Disease Service Mission

Statement

Our mission is to prevent communicable disease among all citizens of New Jersey, and to promote the knowledge and use of healthy lifestyles to maximize the health and well-being of New Jerseyans.

We will accomplish our mission through our leadership, collaborative partnerships, and advocacy for communicable disease surveillance, research, education, treatment, prevention and control.

Revised Hepatitis B Immunization Recommendations

The hepatitis B virus (HBV), a vaccine preventable disease, is a major cause of chronic hepatitis, cirrhosis and hepatocellular carcinoma. The most serious health consequences of the HBV occur in chronically infected people. Chronic hepatitis B infection occurs in up to 90 percent of perinatally infected infants and in about 25-50 percent of children infected between one and 5 years of age. Approximately, one third of the estimated 1.2 million Americans with chronic HBV acquired the infection as infants or young children. Individuals becoming chronically infected as young children or infants have a 25 percent risk of dying from hepatitis B-related cirrhosis or liver cancer.

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has updated its recommendations and strategies to eliminate HBV transmission in the U.S., with emphasis on administering a birth dose of hepatitis B vaccine to all hepatitis B surface antigen (HBsAg) status. CDC

reports that only half of expected births to HBsAg positive mothers are identified for case management. In New Jersey and throughout the country, errors still occur in the management of infants born to HBsAg positive mothers and infants born to mothers with unknown HBsAg status resulting in infants not receiving appropriate immunoprophylaxis to prevent HBV infection.

ACIP recommends universal hepatitis B vaccination beginning at birth, with deferral only on a case-by-case basis and in rare circumstances. Also, ACIP recommends prenatal care providers, delivery hospitals and health departments implement policies and procedures to identify and manage children born to infected mothers and mothers with unknown HBV infection. The ACIP statement including the revised recommendations are available

in the Morbidity and Mortality Weekly Report at <http://www.cdc.gov/mmwr/>, volume 54, No. RR-16.

In New Jersey, a person diagnosed with hepatitis B or a positive hepatitis B test result in a pregnant woman are reportable based on N.J.A.C. 8:57, Subchapter 1. The New Jersey Perinatal Hepatitis B Prevention Project is responsible for promoting prenatal screening of all pregnant women for HBV and working closely with local health departments in assuring infants born to infected mothers receive appropriate post-exposure prophylaxis. Also, the Project promotes and supports the identification, screening and immunization of household and sexual contacts of the HBV-infected mother.